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|--|--|---|--------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under<br>37 CFR 1.53(b))  |  | <b>Attorney Docket No.</b> 36968/198826   |              |
|  |  | <b>First Named Inventor<br/>or Application Identifier</b> George A. Durden  |              |
|  |  | <b>Title</b> Systems and Methods for Controlling and Managing<br>Programming Content and Portions Thereof   |              |
|  |  | <b>Express Mail Label No.</b> EL228367991US   |              |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  |  | <b>ADDRESS TO:</b><br>Commissioner for Patents<br>Box Patent Application<br>Washington, D.C. 20231  |              |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)  |              |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27   |  | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |              |
| 3. <input checked="" type="checkbox"/> Specification Total Pages 31<br>(preferred arrangement as set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a<br/>computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>  |  | a. <input type="checkbox"/> Computer Readable Copy (CRF)  |              |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 7   |  | b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul> |              |
| 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages] 3 <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> New unexecuted (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR<br/>1.63(d)) (for continuation/divisional with<br/>box 17 completed)</li><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s)<br/>named in the prior application, See 37 C.F.R.<br/>1.63(d)(2) and 1.33(b).</li></ul>  |  | c. <input type="checkbox"/> Statement verifying identity of above copies  |              |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |  | <b>ACCOMPANYING APPLICATION PARTS</b>   |              |
|  |  | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |              |
|  |  | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)   |              |
|  |  | 11. <input type="checkbox"/> English Translation Document (if applicable)   |              |
|  |  | 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations  |              |
|  |  | 13. <input type="checkbox"/> Preliminary Amendment  |              |
|  |  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |              |
|  |  | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(If foreign priority is claimed)   |              |
|  |  | 16. <input type="checkbox"/> Other: _____   |              |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary<br>amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: ____/____<br>Prior application information: Examiner _____ Group/Art Unit _____<br>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied<br>under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated<br>by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |   |              |
| <b>18. CORRESPONDENCE ADDRESS</b>  |  |   |              |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label 23370 or <input type="checkbox"/> Correspondence address below   |  |   |              |
| Name   | John S. Pratt<br>KILPATRICK STOCKTON LLP |   |              |
| Address  | 1100 Peachtree Street<br>Suite 2800      |   |              |
| City   | Atlanta                                  | State   | GA           |
| Country  | U.S.A.                                   | Zip Code  | 30309        |
| Telephone  | 404.815.6500                             | Fax   | 404.815.6555 |
| Name (Type)  | Kyle M. Globerman                        | Reg. No.  | 46,730       |
| Signature  |  | Date  | 12/29/00     |

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**REQUEST AND CERTIFICATION  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor George A. Durden

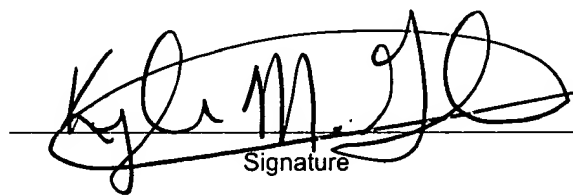
Title Systems and Methods for Controlling and Managing  
Programming Content and Portions Thereof

Atty Docket Number 36968/198826

I hereby certify that the invention disclosed in the attached application **has not and will not** be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

12/29/00

Date



Signature

Kyle M. Globerman, Reg. No. 46,730

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

0975100-122000

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant(s): George A. Durden, John R. Stefanik and Scott R. Swix

U.S. Application No.: Not Yet Assigned

Filed:


Attorney Docket No.: 36968/198826

For: Systems and Methods for Controlling and Managing Programming  
Content and Portions Thereof

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

**CERTIFICATE OF MAILING (37 CFR 1.10)**

I hereby certify that this UTILITY PATENT APPLICATION TRANSMITTAL, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Mailing Label Number EL228367991US addressed to Commissioner for Patents, BOX PATENT APPLICATION, Washington, D.C. 20231.

  
Donna Robinson

Date: December 29, 2000

| <b>METHOD OF PAYMENT</b> (check one)   |                        |   |                 | <b>FEE CALCULATION</b> (continued)  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
|--|------------------------|---|-----------------|---|------------------------|-----------------|-----------------|-------------|------------------------|------------|-----------------|-----------------------------------|----------|--------------------|---------------------------------------|--------|--------|---|--------|-------------------|---|-----|-----|--|---------------------------|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|---|----|------------------------|------|-----|------|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           Deposit Account Number<br/>           KILPATRICK STOCKTON LLP         </div>  |                        |   |                 | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Code</th> <th>Entity Fee (\$)</th> <th>Small Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English Specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840</td><td>113</td><td>1,840</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second Month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>155</td><td>Notice of appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional Applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>345</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> |                        |                 |                 | Large Code  | Entity Fee (\$)        | Small Code | Entity Fee (\$) | Fee Description                   | Fee Paid | 105                | 130                                   | 205    | 65     | Surcharge - late filing fee or oath               |        | 127               | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |                           | 139              | 130 | 139 | 130 | Non-English Specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |    | 112                    | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840 | 113 | 1,840 | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second Month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 300 | 219 | 155 | Notice of appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional Applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 345 | Request for Continued Examination (RCE) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Code   | Entity Fee (\$)        | Small Code  | Entity Fee (\$) | Fee Description   | Fee Paid               |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 105  | 130                    | 205   | 65              | Surcharge - late filing fee or oath   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 127  | 50                     | 227   | 25              | Surcharge - late provisional filing fee or cover sheet  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 139  | 130                    | 139   | 130             | Non-English Specification   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 147  | 2,520                  | 147   | 2,520           | For filing a request for ex parte reexamination   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 112  | 920*                   | 112   | 920*            | Requesting publication of SIR prior to Examiner action  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 113  | 1,840                  | 113   | 1,840           | Requesting publication of SIR after Examiner action   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 115  | 110                    | 215   | 55              | Extension for reply within first month  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 116  | 390                    | 216   | 195             | Extension for reply within second Month   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 117  | 890                    | 217   | 445             | Extension for reply within third month  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 118  | 1,390                  | 218   | 695             | Extension for reply within fourth month   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 128  | 1,890                  | 228   | 945             | Extension for reply within fifth month  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 119  | 300                    | 219   | 155             | Notice of appeal  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 120  | 310                    | 220   | 155             | Filing a brief in support of an appeal  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 121  | 270                    | 221   | 135             | Request for oral hearing  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 138  | 1,510                  | 138   | 1,510           | Petition to institute a public use proceeding   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 140  | 110                    | 240   | 55              | Petition to revive - unavoidable  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 141  | 1,240                  | 241   | 620             | Petition to revive - unintentional  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 142  | 1,240                  | 242   | 620             | Utility issue fee (or reissue)  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 143  | 440                    | 243   | 220             | Design issue fee  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 144  | 600                    | 244   | 300             | Plant issue fee   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 122  | 130                    | 122   | 130             | Petitions to the Commissioner   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 123  | 50                     | 123   | 50              | Petitions related to provisional Applications   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 126  | 240                    | 126   | 240             | Submission of Information Disclosure Statement  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 581  | 40                     | 581   | 40              | Recording each patent assignment per property (times number of properties)  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 146  | 710                    | 246   | 355             | Filing a submission after final rejection (37 CFR 1.129(a))   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 149  | 710                    | 249   | 355             | For each additional invention to be examined (37 CFR 1.129(b))  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 179  | 710                    | 279   | 345             | Request for Continued Examination (RCE)   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |                        |   |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Other fee (specify) _____  |                        |   |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR. 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                        |   |                 | <b>Subtotal:</b> (\$ ) 0  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                        |   |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Code</th> <th>Entity Fee (\$)</th> <th>Small Code</th> <th>Entity Fee (\$)</th> <th>Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> |                        |   |                 | Large Code  | Entity Fee (\$)        | Small Code      | Entity Fee (\$) | Description | Fee Paid               | 101        | 710             | 201                               | 355      | Utility filing fee | 710                                   | 106    | 320    | 206   | 160    | Design filing fee |   | 107 | 490 | 207  | 245                       | Plant filing fee |     | 108 | 710 | 208                       | 355 | Reissue filing fee |       | 114 | 150   | 214   | 75 | Provisional filing fee |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Large Code   | Entity Fee (\$)        | Small Code  | Entity Fee (\$) | Description   | Fee Paid               |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 101  | 710                    | 201   | 355             | Utility filing fee  | 710                    |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 106  | 320                    | 206   | 160             | Design filing fee   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 107  | 490                    | 207   | 245             | Plant filing fee  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 108  | 710                    | 208   | 355             | Reissue filing fee  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 114  | 150                    | 214   | 75              | Provisional filing fee  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |                        |   |                 | <b>( \$ ) 710</b>   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>-20**=</th> <th>Fee from below</th> <th>X</th> <th>=</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>28</td> <td>-20**=</td> <td>8</td> <td>X</td> <td>18</td> <td>=</td> <td>144</td> </tr> <tr> <td>Independent claims</td> <td>4</td> <td>-3**=</td> <td>1</td> <td>x</td> <td>80</td> <td>80</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> </tr> </tbody> </table>   |                        |   |                 | Total Claims  | Extra Claims           | -20**=          | Fee from below  | X           | =                      | Fee Paid   | 28              | -20**=                            | 8        | X                  | 18                                    | =      | 144    | Independent claims                                | 4      | -3**=             | 1   | x   | 80  | 80   | Multiple Dependent Claims |                  |     | 0   |     | 0                         |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Total Claims   | Extra Claims           | -20**=  | Fee from below  | X   | =                      | Fee Paid        |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 28   | -20**=                 | 8   | X               | 18  | =                      | 144             |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Independent claims   | 4                      | -3**=   | 1               | x   | 80                     | 80              |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Multiple Dependent Claims  |                        |   | 0               |   | 0                      |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>** or number previously paid, if greater; For Reissues, see below</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103- 18</td><td>203 9</td><td>Claims in excess of 20</td></tr> <tr><td>102 80</td><td>202 40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104 270</td><td>204 135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109 80</td><td>209 40</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>110 18</td><td>210 9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>  |                        |   |                 | Large Entity Code (\$)  | Small Entity Code (\$) | Fee Description | 103- 18         | 203 9       | Claims in excess of 20 | 102 80     | 202 40          | Independent claims in excess of 3 | 104 270  | 204 135            | Multiple dependent claim, if not paid | 109 80 | 209 40 | **Reissue independent claims over original patent | 110 18 | 210 9             | **Reissue claims in excess of 20 and over original patent |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| Large Entity Code (\$)   | Small Entity Code (\$) | Fee Description   |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 103- 18  | 203 9                  | Claims in excess of 20                                    |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 102 80   | 202 40                 | Independent claims in excess of 3                         |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 104 270  | 204 135                | Multiple dependent claim, if not paid                     |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 109 80   | 209 40                 | **Reissue independent claims over original patent         |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| 110 18   | 210 9                  | **Reissue claims in excess of 20 and over original patent |                 |   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |                        |   |                 | <b>( \$ ) 934</b>   |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |
| <b>SUBMITTED BY</b><br>Typed or printed Name: Kyle M. Globberman<br>Signature: [Signature]   |                        |   |                 | <b>Complete (if applicable)</b><br>Reg. No. (Attorney/Agent): 46,730<br>Customer No. 23370 Telephone: (404) 815-6140<br>Date: 12/29/00  |                        |                 |                 |             |                        |            |                 |                                   |          |                    |                                       |        |        |   |        |                   |   |     |     |  |                           |                  |     |     |     |                           |     |                    |       |     |       |   |    |                        |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |